

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							10/598511							
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT			AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1					51		1						
2	1					52		1						
3	2					53		1						
4	2					54		1						
5	2					55		1						
6	2					56		1						
7	2					57		1						
8	2					58		1						
9	2					59		1						
10	2					60		1						
11	2					61		1						
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17	2					67		1						
18	2					68		1						
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26	2					76		1						
27	2					77		1						
28	2					78		1						
29	2					79		1						
30	1					80		1						
31	1					81		1						
32	2					82		1						
33	2					83		1						
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35	2					85		1						
36	2					86		1						
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39	2					89		1						
40	2					90		1						
41	2					91		1						
42	2					92		1						
43	2					93		1						
44	2					94		1						
45	2					95		1						
46	2					96		1						
47	2					97		1						
48	2					98		1						
49	2					99		1						
50	2					100		1						
TOTAL IND.	2		2											
TOTAL DEP.	51		48											
TOTAL CLAIMS	53		50											